

C 4412 (3) ASHFORD Kent

ASHFORD URBAN DISTRICT



# ANNUAL REPORT

FOR

1947

ON THE

## HEALTH OF ASHFORD

BY THE

### MEDICAL OFFICER OF HEALTH

---

J. MARSHALL  
M.B., Ch.B., D.P.H.

---

Medical Officer of Health and Assistant School Medical  
Officer for Ashford Urban District.

---

ASHFORD :

Geerings of Ashford, Ltd., 80, High Street.

1948.



ASHFORD URBAN DISTRICT



# ANNUAL REPORT

FOR

1947

ON THE

## HEALTH OF ASHFORD

BY THE

MEDICAL OFFICER OF HEALTH

---

J. MARSHALL  
M.B., Ch.B., D.P.H

---

Medical Officer of Health and Assistant School Medical  
Officer for Ashford Urban District.

---

ASHFORD :

Geerings of Ashford, Ltd., 80, High Street.

1948.

## **PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY, 1947.**

---

- *Medical Officer of Health and Assistant County Medical Officer.*  
MARSHALL, J., M.B., Ch.B., D.P.H., F.R.I.P.H.H.

### **Chief Sanitary Inspector.**

HARLAND, H. J., Cert.R.S.I., M.S.I.A., M.R.I.P.H.H., Certified  
Meat Inspector.

### **Additional Sanitary Inspector.**

HAMMOND, S. F., Cert.S.I.E.J.B., M.S.I.A., Certificated Meat  
Inspector.

### **Health Visitors.**

WILLMORE, S. (Miss), S.R.N., S.C.M., H.V.  
ROGERS, H. (Miss), S.R.N., S.C.M., H.V.

### **Matron of Day Nursery.**

ROSS, A. (Miss), S.R.N., S.C.M.

### **Matron of Isolation Hospital.**

GROTHER, L. (Miss), S.R.N., S.R.F.N.

# ASHFORD URBAN DISTRICT

## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1947

*To the Chairman and Councillors of the Ashford Urban District.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present to you my Annual Report for the year ending 31st December, 1947.

Medical science directed towards the prevention and treatment of disease in man has developed with remarkable progress within the last hundred years, and in particular during this Century. The Public Health Services, which are chiefly concerned with the prevention of disease have become very comprehensive and effective, but there is still a vast field for research and progress. However, many dangerous diseases which in the last Century ravaged the population are being controlled and eliminated. Typhoid and Paratyphoid Fever, Dysentery and Cholera are controlled by safeguarding food and drink and sanitation. Diphtheria and Smallpox are prevented by immunisation and vaccination. Outbreaks of Smallpox are, however, becoming more frequent due to the marked decline of vaccination in infancy and vigilance will be therefore more and more constantly necessary. Every effort must be made to increase vaccination and immunisation. Health education and propaganda must be sustained towards this end. It is hoped that the new vaccine for Whooping Cough, at present under experiment will be as certainly effective as immunisation against Diphtheria. Outbreaks of Scarlet Fever are now rare and are easily controlled as everything essential is known regarding the causal organism. Unfortunately, this is not so regarding Polio-myelitis (Infantile Paralysis) which reached a record incidence rate through out Britain during the year, the incidence having been four and a half times greater than in any known previous epidemic. There were no cases in this District, but the disease gives cause for concern and vigilance.

The number of cases of infectious disease which occurred in the District during the year is connoted in the table at the end of the report. It will be seen that there were epidemics of Measles and Whooping Cough, both very difficult to control for they spread rapidly where Children are congregated. Both are potentially serious diseases in children, yet many parents evidently regard them especially Measles, with indifference. In many instances no practitioner was in attendance and it was not possible for the Public Health Staff to visit every notified case. Many mild cases are missed, and mix indiscriminately with other children. Many acute cases are not isolated properly and are often released still in an infectious state. If every case was notified and it was possible for the Public

Health Staff or Practitioners to visit and advise each parent many needless cases and many cases with serious complications would be prevented.

There were no cases of serious major infectious disease and no deaths. There were however two unrelated cases of food poisoning. Strict supervision of food and drink and strict personal hygiene amongst those who handle and distribute food are continuously essential to avoid the ever present danger of an outbreak. The great expansion of communal feeding in recent years has potentially incremented the risk as shown by the number of outbreaks throughout the country which have correspondingly increased.

It is very gratifying to record that the death rate amongst infants under one year fell to 20 per 1,000 live births, the actual number of deaths being 10. (*See Table*). This is a record low rate for the District, the previous lowest rate, viz. 26, having been recorded in 1940. The fact that there was a record number of live births, viz. 482, adds weight to the achievement. Many influences have collaterally effected this result, but probably none greater than that of the Maternity and Child Welfare Services. When it is considered that approximately 650 families are living in overcrowded conditions and should have a home of their own, the rate is still more remarkable. Appreciation must be expressed to Practitioners, Consultants, Midwives, Health Visitors, Maternity Home, Nursing Home, and Hospital staffs and all others whose concern is the care and treatment of infants.

The death-rate was 12 per 1,000 resident population. Invariably Heart diseases and intra-cranial vascular lesions cause the highest number of deaths, and Cancer the second highest number. The number of deaths from Pulmonary Tuberculosis remains approximately constant. There was no unusual cause of deaths and no unusual death rate.

In conclusion, I should like to thank you for your interest and co-operation in the work of the Public Health Department, and my staff for their efficient and loyal service.

I am,

Yours obediently,

J. MARSHALL.

## SECTION A.

STATISTICAL AND SOCIAL CONDITIONS OF THE  
DISTRICT FOR 1947.

AREA : 5,719 acres.

REGISTRAR-GENERAL'S ESTIMATE OF :—

The Resident Population	.....	.....	23,660
-------------------------	-------	-------	--------

NUMBER OF INHABITED HOUSES ACCORDING

TO THE RATE BOOKS	..	..	7,569
-------------------	----	----	-------

RATEABLE VALUE :—£151,042.

SUM REPRESENTED BY A PENNY RATE :—£624.

## SOCIAL CONDITIONS.

Ashford is a semi-industrial town, and a business and shopping centre for the large rural population which surrounds it. It merits importance by containing the largest agricultural market in Kent, and by being an important railway junction where five lines converge, associated with which there is a large Railway Works in which the majority of the working classes of the town are employed. There is also a number of other Factories, viz., Cycle Works, Underwear Factory, Iron Foundry, Printing Works, Agricultural Repair Shops, Flour Mills, Marine and Industrial Engineering Works and Ordnance Depot.

At present there is practically no unemployment in this District and in general apart from housing conditions, social conditions are fairly satisfactory.



## EXTRACTS FROM VITAL STATISTICS.

	Total.	M.	F.		Ashford Urban District.	England and Wales.
1. Live Births ;	482	240	242	Birth rate per 1,000 estimated resident population	20.37	20.5
(a) Legitimate	442	224	218			
(b) Illegitimate	40	16	24			
2. Stillbirths	11	5	6	Rate per 1,000 total (live and still) births.	22.31	—
(a) Legitimate	11	5	6			
(b) Illegitimate	—	—	—			
3. Deaths	290	147	143	Death rate per 1,000 resident population.	12.26	12.0
4. Deaths from Puerperal Causes						
(a) Puerperal Sepsis	—	—	—	Rate per 1,000 (Live and still) births.	—	0.16
(b) Other Maternal Causes	1	—	1		2.02	0.85
5. Death of Infants under One Year of Age	10	6	4			
(a) Legitimate	9	5	4			
(b) Illegitimate	1	1	—			
Infant mortality rate per 1,000 live births					20.74	41.0
Rate re legitimate infants					20.36	
Rate re illegitimate infants					25.00	
6. Deaths from Cancer (all ages)					40	
Deaths from Measles (all ages)					1	
Deaths from Whooping Cough (all ages)					2	
Deaths from Diarrhoea (under 2 years of age)					—	



# CAUSES OF DEATH IN ASHFORD URBAN DISTRICT DURING 1946.

ALL CAUSES.	Males. 147	Females. 143
1. Typhoid and Paratyphoid Fevers ..	—	—
2. Cerebro-spinal Fever .. ..	—	—
3. Scarlet Fever .. ..	—	—
4. Whooping Cough .. ..	1	1
5. Diphtheria .. ..	—	—
6. Tuberculosis of Respiratory System ..	9	3
7. Other Forms of Tuberculosis .. ..	2	1
8. Syphilitic Diseases .. ..	1	—
9. Influenza .. ..	—	—
10. Measles .. ..	—	1
11. Acute Polio-myelitis and Polio-encephalitis ..	—	—
12. Acute Infective Encephalitis .. ..	—	—
13. Cancer of buccal cavity and oesophagus (M) and uterus (F) .. ..	1	4
14. Cancer of stomach and duodenum .. ..	4	5
15. Cancer of breast .. ..	—	3
16. Cancer of all other sites .. ..	16	7
17. Diabetes .. ..	1	1
18. Intra-cranial vascular lesions .. ..	18	24
19. Heart Diseases .. ..	45	47
20. Other diseases of the circulatory system ..	5	4
21. Bronchitis .. ..	8	8
22. Pneumonia .. ..	5	5
23. Other respiratory diseases .. ..	2	1
24. Ulcer of stomach or duodenum .. ..	2	1
25. Diarrhoea under 2 years .. ..	—	—
26. Appendicitis .. ..	—	—
27. Other digestive diseases .. ..	5	5
28. Nephritis .. ..	4	6
29. Puerperal and Post-abortion sepsis .. ..	—	—
30. Other Maternal Causes .. ..	—	1
31. Premature Birth .. ..	1	—
32. Congenital Malformation. Birth Injuries. Infantile Diseases .. ..	3	2
33. Suicide .. ..	—	—
34. Road Traffic Accidents .. ..	3	1
35. Other violent causes .. ..	2	4
36. All other causes .. ..	9	8

## SECTION B.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE DISTRICT.

## 1. LABORATORY FACILITIES.

The Kent County Council's Central Laboratory at Maidstone provides a comprehensive and satisfactory service, adequate for the needs of the District.

## 2. AMBULANCE FACILITIES.

*(a) Infectious Disease Patients.*

One ambulance, provided by the Council and garaged at the Isolation Hospital, is used for the conveyance of these patients from this District and that of the surrounding rural areas and meets all requirements.

*(b) Non-infectious, Maternity and Accident Patients.*

The Ashford Corps of the St. John Ambulance Brigade provides this service on behalf of this District and the surrounding area within a radius of nine miles. The Corps owns four modern ambulances and two paid whole-time drivers are supplemented by voluntary members of the Corps. This service is well organised, is efficiently conducted and fully meets the needs of the area.

*(c) Hospital Car Service.*

The British Red Cross Society is responsible for the direction of this necessary service. Patients, who do not need an ambulance, are conveyed to and from Hospital by enlisted owners of private cars. This Society, together with the St. John Brigade, deserves the gratitude of the public for the excellent services they are providing.

## 3. NURSING IN THE HOME.

The Ashford and District Nursing Association in affiliation with the Queen's Institute of District Nursing and the Kent County Nursing Association administers this service in this area, including Boughton, Eastwell, Kingsnorth, and Great Chart. The staff is engaged in Midwifery, Maternity and General Nursing in the home. The rising birth-rate and the increasing number of aged and infirm and chronic sick who should be in Hospital, has greatly extended the staff, who deserve high credit for the efficient and untiring work they are doing in these very difficult circumstances.

## 4. TREATMENT CENTRES AND CLINICS.

*Ashford U.D.C. Clinics**(a) Infant Welfare Clinics.*

The Council has provided five of these Clinics in the Urban District.

*(i) Station Road.* This is the central and chief clinic and is

contained in an "ad hoc" building. The outlying Clinics are complementary. Sessions are held on Tuesdays and Thursdays of each week from 2.15 p.m.

(ii) *Women's Institute Hall, Church Road, North Willesborough.*  
Sessions are held at 2.15 p.m. on alternate Fridays.

(iii) *The Adult School Hall, Gladstone Road, South Willesborough.*  
Sessions at 2.15 p.m. on Fridays alternating with the North Willesborough Clinic.

(iv.) *The Women's Institute Hall, Faversham Road, Kennington.*  
Sessions are held at 2.15 p.m. on alternate Wednesdays.

(v.) *The Kingsford Memorial Hall, Kingsnorth Road, Ashford.*  
Sessions at 2.15 p.m. on Wednesdays alternating with Kennington Clinic.

The Medical Officer of Health is Clinical Officer at the above Clinics.

(b) *Ante-natal and Post-natal Clinics.*

These Clinics are held in the Station Road Centre, the former Clinic being held every Monday at 2.15 p.m. with an additional session from 10 a.m. on the 3rd Monday of each month and the latter on the 1st Monday of each month from 10 a.m. by appointment. These Clinics are conducted by a Consultant.

(c) *County Council Clinics.*

(i) The following five clinics of the School Medical Service are held at 14, Canterbury Road.

- (a) Dental Clinic.
- (b) Ophthalmic Clinic.
- (c) Ear, Nose and Throat Clinic.
- (d) Minor Ailment Clinic.
- (e) Speech Therapy Clinic.

(ii) *Orthopaedic Clinic.*

This is held in the Welfare Centre, Station Road. The Consultant attends on the 1st and 3rd Tuesdays of each month and out-patient treatment is given every Tuesday, Wednesday and Friday mornings. The sessions are from 10 a.m.

(iii) *Venereal Diseases Clinic.*

This Clinic is held at Ashford Hospital on Tuesdays and Fridays at 10—11 a.m. for Females and from 11 to 12 noon for Males.

(iv) *Tuberculosis Clinic.*

At No. 1 Barrow Hill Place weekly on Thursdays from 10 a.m. to 12.30 p.m.

(v) *Hospitals.*

- (a) Ashford General (Voluntary)  
Accommodation—approximately 90 beds:
- (b) Willesborough General (K.C.C.)  
Accommodation—212 beds.
- (c) Isolation Hospital (A.U.D.C.)  
Accommodation—68 beds.
- (d) Grosvenor Sanatorium (Private)  
Accommodation—265 beds.

## 5. MATERNITY AND CHILD WELFARE SERVICES.

The rising birth-rate was yet further considerably increased during the year, viz. from 430 in 1946 to 482 in 1947. It is perhaps unfortunate that this should be so in these days of scarcity. The shortage of houses and of all the requisites which a new family requires and the shortage of qualified nurses in all the nursing services, the maternity service being no exception, is too well known and too widely felt for comment. Arrangements were made by the Council on behalf of 88 mothers who were given priority on medical and social grounds for accommodation in Maternity Institutions. 82 of these mothers were accommodated in Willesborough Hospital, whose staff deserves high appreciation for the efforts they have made to meet the increasing demand for beds.

110 mothers were delivered in their own homes by the District Midwives, who also acted as Maternity Nurses on behalf of 150 mothers delivered by Practitioners. The work of the midwives has been maintained at their traditional high standard in very difficult circumstances, including the lack of a car which by itself is a big handicap to speed and efficiency.

There were no notifications of puerperal pyrexia or sepsis. Chemo-therapy, prophylactically or therapeutically has proved its value in these conditions. One mother, however, died in childbirth in Hospital.

192 expectant mothers attended the Ante-natal Clinic from the Urban District and 112 from the surrounding rural districts. 18 attended the Post-natal Clinic for defects following pregnancy. The Ante-natal Clinic which is conducted by a Consultant, ensures that mothers have a safe journey through pregnancy. Appreciation of the efficient conduct of the Clinic by the Consultant, Midwives and Health Visitors must be recorded.

The Home Help Service is an integral and important part of the Maternity Services, but it is very difficult at the present time to obtain suitable women for this work. The Health Visitors were able throughout the year to find part-time Helps on behalf of most of the mothers, but usually only after considerable effort. If the aged and infirm, chronic sick, and other cases of illness or emergency are included, there should be sufficient work for a number of full-time Domestic Helps. The Health Visitors' social and clinical duties are manifold and increasing in extent year by year, and much of their valuable time is expended needlessly and often fruitlessly





The total number of premature babies notified during 1947 was 17, of whom 4 were born at home and 13 in Hospitals and Nursing Homes. One born in a Nursing Home died. These infants are carefully supervised in their homes by the Health Visitors and draught-proof cots, electric blankets, hot-water bottles, special foods, etc., are issued from the Welfare Centre if required.

The welfare of illegitimate children and their mothers is undertaken by the Canterbury Diocesan Council, on behalf of the Council who give financial assistance when necessary. Much credit is due to these voluntary workers who have dealt with many difficult cases so successfully. During 1947, 3 mothers and their illegitimate children were satisfactorily assisted, and their circumstances re-habilitated.

The average attendance in the 50-place Day Nursery was 40 during the year. There is no doubt that this service is invaluable to the small group of mothers who benefit from it. The children are taken by special bus have breakfast, dinner and tea and are well cared for by trained staff. A scale of charges is made proportionate to the household income. It is to be regretted, however, that a minority of mothers do not seem to appreciate the excellent service which their children receive and have often made complaints which upon investigation were without any foundation and which were apparently designed to upset the administration and staff of the Nursery. The Matron merits the high regard of the Council for her untiring devotion to duty and her efficient conduct of the Nursery.

#### MATERNITY AND CHILD WELFARE FIGURES.

##### i. *Number of births notified as adjusted by transferred notifications.*

(a) Live Births	..	..	..	..	482
(b) Still Births	..	..	..	..	11
(c) Total	..	..	..	..	493

##### ii. *Health Visiting.*

Number of Health Visitors employed by the Council	..	..	..	..	2
---	----	----	----	----	---

Number of visits paid during the year :—

(a) To Expectant mothers.	First visits	..	136
	Total visits	..	252
(b) To children under one year of age	First visits	..	430
	Total visits	..	2,234
(c) To children between the ages of 1 and 5 years	Total visits	..	2,758

iii. *Infant Welfare Centres.*

- (a) Number of Clinics provided and maintained by the Council .. .. . 5
- (b) Total number of children under five years of age who attended the Centres during the year and who on the date of their first attendance were :—
- (i) Under one year of age .. .. . 435
- (ii) Over one year of age .. .. . 74
- (c) Total number of children under five years of age who attended the Centres during the year and who at the end of the year were :—
- (i) Under one year of age .. .. . 385
- (ii) Over one year of age .. .. . 693

Total attendances at the 5 Centres were :—

Ashford Centre	..	..	..	6,581
North Willesborough	..	..	..	1,107
South Willesborough	..	..	..	880
Kennington	..	..	..	716
South Ashford	..	..	..	427

iv. *Ante-Natal and Post-natal Services.*

These clinics are combined on behalf of expectant mothers from adjacent rural areas, in addition to those from the Urban District, by arrangements with the County Council.

	Ante-natal	Post-natal
(a) No. of clinics provided by the Council	.. 1	1
(b) Total number of women who attended during the year :—		
(i) Ashford Urban	.. .. . 192	12
(ii) Rural Districts	.. .. . 112	6

## REGISTRATION OF NURSING HOMES.

The two registered Nursing Homes which are conducted by State Registered Midwives were regularly inspected and each attained a satisfactory standard. Their chief problem at present, in common with other Nursing Institutions, is that of obtaining staff, both nursing and domestic.

	No. of Homes	No. of patients provided for		
		Maternity	Others	Total
Homes first registered during the year .. .. .	Nil	Nil	Nil	Nil
Homes on the register at the end of the year .. .. .	2	8	2	10



*Child Life Protection (Public Health Act, 1936)*

The number of individual Foster Mothers receiving children under nine for reward was three and the number of children was three, at the end of the year. These children were regularly visited by the Health Visitors, and in each case the homes were of satisfactory standard and the children well cared for.

*Adoption of Children (Regulation) Act, 1939.*

No children were notified under Section 7 (3) during the year. Two, under Supervision at the end of the year were in good homes and were receiving satisfactory care.

6. SCHOOL MEDICAL SERVICE.

This service is administered by the County Council, who employ the District Medical Officer of Health for two whole days per week for clinical duties in the Schools within the District.

Generally speaking the nutrition and health of the children were good throughout the year. School dinners and milk, in these days of food rationing help to appease the usually voracious appetites of growing youth and to maintain their nutrition at a normal level.

The majority of mothers are appreciative of this medical service, as is evidenced by their attendance and interest at the inspections. Children requiring treatment are referred to their family Practitioner or to the Consultants in Hospitals and specialised clinics. In former years it was not an uncommon experience to find that many mothers neglected to have treatment effected, but now this is rare.

Scabies, lice and flea infestation and infectious skin conditions, such as impetigo and other purulent conditions are also becoming comparatively rare. Children are also better clothed and shod, and kept more clean.

There were minor epidemics of measles and whooping cough but these diseases, being highly infectious before they are diagnosed, are difficult to prevent amongst children in such close contact as in schools.

It will be noted from the following list that eye defects and naso-pharyngeal infections predominate in numbers. Most of the eye defects were of the myopic type (short-sightedness), and the chief causative factor is probably hereditary and developmental. Conditions of lighting in most of the schools reaches a satisfactory standard. Naso-pharyngeal infections usually occur in numbers where children are congregated especially through-out the winter months. The common cold for which there is no preventive treatment at present spreads quickly from one child to another and weakens the child's resistance to invasion by secondary organisms which may cause middle-ear and sinus and respiratory complications.

There should be more instruction in personal hygiene in schools, and probably no method of teaching would be superior to the showing of films, in which children are always interested, accompanied by a talk by a trained lecturer. There is still wide scope for improvement in the instruction and propagation of Health Education.

Defective Vision	..	..	..	..	55
Chronic Tonsillitis, Adenoiditis, Sinusitis, Rhinitis,					
Cervical Adenitis	..	..	..	..	32
Asthma	..	..	..	..	8
Otitis Media and Otorrhoea	..	..	..	..	7
Deafness	..	..	..	..	3
Flat and Painful Feet	..	..	..	..	2
Congenital Hip Disease	..	..	..	..	1
Rheumatic Endocarditis	..	..	..	..	1
Hernia	..	..	..	..	10
Varicocele	..	..	..	..	2
Defective Speech	..	..	..	..	12
Eczema	..	..	..	..	1

The following cases of notifiable diseases occurred amongst school-children.

Scarlet Fever	..	..	..	..	4
Measles	..	..	..	..	112
Whooping Cough	..	..	..	..	44

The following cases of skin infections and contagions occurred.

Impetigo	..	..	..	..	4
Scabies	..	..	..	..	2

### SECTION C.

#### SANITARY CIRCUMSTANCES OF THE AREA.

##### 1. WATER SUPPLY.

The water supply within the Urban District is provided by two undertakings, viz., by Ashford Urban District Council and by The Mid Kent Water Company.

The Council provides the supply for Central and South Ashford and North and South Willesborough and The Mid-Kent Water Co., for Kennington.

##### *Ashford U.D.C. Undertakings.*

This supply is obtained from the following three sources.

##### (i) *Westwell.*

This water comes from two boreholes approximately 160 feet deep. A softening plant (Clark's Process) is in operation here. The water is pumped by an electrically-driven pump to a covered reservoir (capacity 1,000,000 gals.) at Potter's Corner, from where it enters the supply network. There is a connection between this

reservoir and two stand-by reservoirs (280,000 and 36,000 gals. respectively) at Barrow Hill and a connection with The Mid-Kent Water Company's supply at Potter's Corner for emergency use. There is a further connection for emergency use with The Mid-Kent Water Company's supply in the Canterbury Road, at Little Bybrook.

(ii) *Henwood.*

This supply comes from four wells with interconnecting adits, approximately 40 feet deep. From the electrically-driven pumps (with stand-by steam plant) the water is pumped into the supply network and the surplus is diverted into the reservoir at Potter's Corner.

The above two supplies supply the whole of Central and South Ashford.

(iii) *Hinxhill.*

This water comes from a new bore-hole approximately 200 feet deep, being raised by compressed air into a storage adit. It is then pumped by Reciprocating and Centrifugal Pumps to a covered reservoir at Broomfields (100,000 gallons) from where it enters the supply network for the whole of North and South Willesborough. There is a connection for emergency use with the Central and South Ashford supplies at the Railway Bridge, Hythe Road.

The waters from these three sources are all chlorinated, as an additional measure of safety, though the untreated waters have in successive years been of excellent bacteriological and chemical quality.

SAMPLES.

By arrangement with the County Laboratory, 6 quarterly bacteriological samples are taken, 2 from each of the 3 sources. Also 3 samples for chemical analysis were taken half-yearly at the 3 sources.

These samples were all highly satisfactory, and the waters are entitled to be graded Class 1.

THE MID-KENT WATER COMPANY.

(i) *Barham.*

This water is taken from the chalk, the well being about 200 feet deep. It is pumped to Hastingleigh Reservoir (capacity 500,000 gallons) from where it reaches the Kennington supply network.

(ii) *Charing.*

This water is obtained from the greensand and the borings are approximately 160 feet deep. It is pumped to Fairbourne and Charing Hill Reservoirs (capacity 1,000,000 and 283,500 gallons respectively). These reservoirs afford a subsidiary or auxiliary supply to Kennington.

## SAMPLES.

Monthly bacteriological and quarterly chemical samples are taken. These, during the year were Class 1 waters bacteriologically and were chemically of good organic quality.

All the houses in the Urban District, excepting approximately 1% which are on the extreme boundary and distant from mains, have a constant supply from the mains.

## 2. DRAINAGE AND SEWERAGE.

The only major work completed during the year was an extension of the Gas Works Sewer to include the Godinton Road Industrial Estate. Further work on a release sewer and extension to Maidstone Road district is contemplated.

## 3. SWIMMING BATHS.

The A.U.D.C. Public Bath was in full use during the season. Reports from the County Laboratory on frequent samples of the water showed very few organisms and B.coli (presumptive) absent in 100 ccs. in each sample, proving the efficacy of the Chlorination Plant. A new Break-point Plant however is being installed to further ensure that chlorination is constantly maintained. The water which is supplied from the mains is changed when considered necessary.

## 4. ERADICATION OF VERMIN.

### (i) *Bugs*.

27 houses were found to be infested, of which 7 were Council houses.

### (ii) *Fleas*.

7 houses were discovered to be infested of which 1 was a Council house.

Infestation of houses by vermin is not of serious extent in this District, and thorough re-inspections prevent recurrence in previously infested houses.

Of interest were cluster fly infestations, several of which were found in the roofs of secluded buildings such as churches. D.D.T. used in smoke form was very effective in destroying the flies.

### *Methods of Treatment.*

D.D.T. in liquid form has been found to be most effective in destroying these vermin. The results are very satisfactory and recurrences of infestations are rare.

### (iii) *Rats*.

A constant war is waged against these pests. The Refuse Dump at Bybrook is now practically cleared. Baiting with sausage rusk and zinc phosphide has kept their numbers well within control.



## SANITARY INSPECTION OF THE DISTRICT.

Sanitary Inspection of District.	No. in District.	No. of visits in 1947.	No. of faults and defects found.	No. of faults and defects remedied
Bakehouses .. ..	18	45	12	12
Dairies .. ..	22	71	7	7
Slaughter-houses (Ministry of Food) .. ..	2	302	12	5
Other food preparing places which are, as such, subject to inspection ..	49	89	20	20
Common Lodging Houses ..	1	5	—	—
Offensive Trades .. ..	2	6	—	—
Houses-let-in-lodgings ..	—	—	—	—
Factories .. ..	111	164	21	21
Workshops .. ..	32			
Workplaces (other than out- workers homes) ..	—			

NUISANCES AND DEFECTS REMEDIED DURING THE YEAR (OTHER  
THAN THOSE ENUMERATED IN THE ABOVE TABULATION).

Overcrowding .. ..	12	Refuse receptacles .. ..	—
Keeping of animals .. ..	21	Tents, vans and sheds .. ..	2
Hop-pickers' camps .. ..	—	Smoke nuisances .. ..	2
Sanitary Accommodation :		Yard paving .. ..	11
(a) Insufficient .. ..	7	Dampness .. ..	21
(b) Defective .. ..	62	Roofs and rain-water pipes	67
Drainage :		Floors .. ..	32
(a) Re-constructed .. ..	9	Walls and Ceilings .. ..	63
(b) Repaired .. ..	25	Windows and Ventilation	46
(c) Cleansed .. ..	54	Baths, Lavatory basins	
Cesspools :		and sinks .. ..	17
(a) Abolished .. ..	2	Water supplies .. ..	14
(b) Repaired .. ..	2		
Offensive Accumulations .. ..	5	Total number of visits of all kinds paid by the in- spectors during the year	5,311
Miscellaneous .. ..	111		

# FACTORIES ACT, 1937.

1.—INSPECTIONS for purposes of provision as to health (including inspections made by Sanitary Inspectors.)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M c line No. (7)
			Inspection (4)	Written notices (5)	Occupiers prosecue d (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities . . . . .	1	32	41	6	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority . . . . .	2	111	123	12	—	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) . . . . .	3	18	40	9	—	3
TOTAL . . . . .		161	204	27	—	

## 2.—Cases in which DEFECTS were found.

Particulars	M/c line No.	Number of cases in which defects were found.				Number of cases in which prosecu- tions were insti- tuted (7)	M/c line No.
		Found	Remed- ied	To H.M. Inspec- tor	Refitted By H.M. Inspec- tor		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Want of cleanliness (S.1)	4	18	18	—	3	—	4
Overcrowding (S.2)	5	1	1	—	—	—	5
Unreasonable temperature (S.3)	6	—	—	—	—	—	6
Inadequate ventilation (S.4)	7	2	2	2	—	—	7
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8
Sanitary Conveniences (S.7)	9	2	2	—	1	—	9
(a) insufficient	10	4	4	—	1	—	10
(b) Unsuitable or defective	11	2	2	—	1	—	11
(c) Not separate for sexes	12	2	2	—	—	—	12
Other offences against the Act (not including offences relating to Outwork)	60	29	29	2	6	—	60
TOTAL	..	..	..	..	..	..	..



## SECTION D.

## HOUSING.

Conforming with the Council's long term development plan, new estates are being built as quickly as possible in the very difficult complex of circumstances which has been created by the last war.

On 31st December, 1947, the number of families re-housed since the war was as follows :—

(i) Prefabricated temporary bungalows	..	135
(ii) New Permanent Houses in Willesborough area		
(a) 3 Bedroom type	.. ..	38
(b) 2 Bedroom type	.. ..	4
(iii) Replacement of houses destroyed by enemy action	.. .. .	3
(iv) Conversion of Waterside House into flats	..	5
(v) Houses completed by private enterprise	..	8

During the year, the actual number of new dwellings constructed was :—

(i) Prefabricated temporary bungalows	..	35
(ii) New Permanent Houses	.. ..	41

In addition 50 families have been accommodated in converted Army Huts on Hothfield Common. As these Huts are situated within the West Ashford Rural District, the powers formerly exercised by the Urban Council in relation to the conversion, letting, and control of these Huts were relinquished by the Urban Council to the Rural Council on the 4th October, 1947.

There are at the time of writing approximately 650 applicants with children and approximately 370 applicants with no children on the waiting list. Of those with children, 461 families have one child. This is by far the largest group and it would seem that the formula of the Points Scheme which has operated very equitably in respect of larger families will need amendment to give preference to families with one child, many of whom have been on the waiting list for many years. However, the fact remains that few suitable dwellings have yet been built, and it is improbable that more temporary bungalows will now be constructed.

## SECTION E.

## INSPECTION AND SUPERVISION OF FOOD.

## MILK SUPPLIES.

There are in the Urban District, 3 Producer Retailers and 7 Producers. Of these Producers 3 produced Tuberculin Tested Milk, 3 Accredited Milk and 4 Undesignated Milk. There are also 17 other Retailers of milk.

Dairy farms and Dairies are regularly inspected to ensure that the standards prescribed by the Milk and Dairies Order, 1926, are maintained. Samples of milk are taken regularly from farms and dairies and with 5 exceptions all were satisfactory.

In addition, samples are taken frequently under the Milk Testing Scheme of the Ministry of Agriculture, whose Regional Laboratory is situated in this District. No samples however, are taken by them for Tubercle Bacilli.

During the year, the following samples were taken for bacteriological examination :—

			<i>Satisfactory</i>	<i>Unsatisfactory</i>
Tuberculin Tested	..	..	6	1
Accredited	..	..	12	4
Pasteurised	..	..	4	—
Undesignated	..	..	9	—

*Examination of Milk for Tubercle Bacilli.*

9 samples were taken from farms and retailers and none was positive.

*Meat and Other Foods.*

Unsound Food (Food and Drugs Act, 1938) :

A large quantity of tinned foodstuffs, *e.g.*, meat, fruit, milk, bawns, etc., weighing 1 ton, 12 cwts. 25lbs., was certified unfit for food. The whole of this unfit food was collected by a Glue Company for conversion into non-edible by-products.

The total weight of meat condemned at Slaughterhouses was 3 tons 4cwts. 2 qrts. and 17lbs.

Two unrelated cases of food poisoning, caused by the organisms *Shigella* and *Salmonella typhi-murium*, were notified, and no deaths were registered due to food infections.

23 registered food-preparing places and shops, stalls, vehicles, etc., where food is sold and distributed were regularly inspected for unsound food.

*Ice Cream (Heat Treatment, etc.) Regulations, 1947.*

These Regulations came into force on the 1st May, 1947, and gave a welcome measure of control over the manufacture of this very popular foodstuff. There was unavoidable delay in the design and production of machinery and instruments prescribed by the Regulations.

A number of small manufacturers (of the shop conservatoire type) ceased to make their own ice cream and others took steps to increase the capacity of their plant when ordering new machinery in order to enter the wholesale market. The production of ice cream by the "complete cold mix" process has not proved popular, and not one local trader has used this method.

The effect of the Regulations has been to tighten up registration of premises under Section 14 of the Food and Drugs Act, though the exclusions for registration under that Section are regretted.

Frequent samples of ice cream were taken and submitted for the methylene blue test. The results obtained varied considerably and it was difficult to arrive at any definite conclusion in many instances. Attention has been directed towards cleanliness of personnel, equipment and premises. It is felt that as the most important provision of the Regulations is the heating requirements that time recording thermometers should be installed in all cases so as to ensure a check on this vital process.

*Adulteration (Food and Drugs Act, 1938)*

The County Council is the Statutory Authority for the administration of this Section of the Act.

*Meat Inspection.*

The 2 Slaughterhouses in use and controlled by the Ministry of Food were, as mentioned in previous reports, too small for the large amount of killing which perforce takes place there. It is understood that the Ministry is likely to close them in the near future and to establish a modern Public Abattoir in the area.

## CARCASSES INSPECTED AND CONDEMNED.

		Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	..	989	387	1,349	4,805	292
Number Inspected	..	989	387	1,349	4,805	292
<i>All Diseases Except Tuberculosis.</i>						
Whole carcasses condemned	..	2	16	4	63	5
Animals of which part or organ condemned	..	464	185	9	466	18
<i>Tuberculosis Only.</i>						
Whole carcasses condemned	..	11	17	2	—	—
Animals of which part or organ condemned	..	106	104	—	—	—

## SECTION F.

PREVALENCE AND CONTROL OVER INFECTIOUS  
DISEASE.

## ISOLATION HOSPITAL.

The beds are housed in 4 blocks. The modern cubicle block has 8 cells and a theatre. Only one of these blocks has been occasionally used, viz., during an epidemic of Scarlet Fever in a rural village, and an outbreak of Dysentery in a neighbouring town. It is unlikely that the other two blocks will ever be used for patients suffering from Infectious Diseases, but in view of the grave shortage of Hospital beds for the Chronic Sick, it would seem reasonable that these could be used for this purpose, if and when sufficient nursing staff becomes available. During periods when the prevalence of Infectious Disease is at a minimum, the presence of Chronic Sick would maintain the interest of the staff and augment their nursing knowledge and experience.

Altogether there are 68 beds. The equipment includes a 'Both' Mechanical Respirator and a modern Oxygen Tent.

The modern Nurses Home provides bedroom accommodation for nine nurses.

## STAFF.

The greatest problem affecting most Hospitals in the Country at present is shortage of staff, and Isolation Hospitals are probably more adversely affected than other types of Hospital, apart from Sanatoria, for the reasons that many prospective nurses would prefer other forms of nursing and in respect of the Council's Hospital, it is rather remote from the transport services, in place of which, however, a minimum taxi service has been provided. The Hospital is also too small to be approved as a Training School for Fever Nurses and this is also another obstacle in the way of recruitment.

The following table describes the type, number and residential district of the patients who were admitted during the year.

Disease	Ashford U.D.C.	West Ashford R.D.C.	East Ashford R.D.C.	Lydd Borough	New Romney Borough	Romney Marsh R.D.C.	Military	Cranbrook R.D.C.	Folkestone Borough
Scarlatina	10	13	1	1		2			
Contact Scarlatina	2								
Acute Tonsillitis	6	2	1			1	1		
Measles	5						1		
Measles and Broncho-Pneumonia	1	1		1					
Rubella (? Scarlatina)	3						2		
Contact Scarlatina and Measles	2								
Contact Measles	2								
Whooping Cough and Broncho-Pneumonia	9	1		2					
Whooping Cough	5		2						
Bronchitis	1								
Influenza						1			
Cerebro-Spinal Fever									1
Acute Poliomyelitis		1					1		
Chicken Pox	1								
Puerperal Pyrexia								1	
Vincent's Angina							2		
Meningismus							1		
Otorrhoea	1								
Erysipelas	1	1							
Infective Hepatitis					1				
Observation (? Diphtheria ? Poliomyelitis)	5						1		



## DIPHTHERIA.

No cases occurred in the District during the year. This, of course, is chiefly due to immunisation which is proving its value in the prevention of the disease.

Records in the Public Health Department show that 60% of the child population under 15 years have been immunised, but the actual number immunised probably approximates to 75% as many have been immunised of whom there is no record. The Health Visitors are untiring in their efforts to persuade parents of children who have not been immunised and other resources are also used to remind and persuade them but many are indifferent or unwilling. It might be asserted, nevertheless, that a sufficient barrier has been placed against the advance of the disease, as few cases have occurred since mass immunisation was begun in 1941.

## WHOOPING COUGH

There was an epidemic of Whooping Cough in the District during the year in which 146 cases, two of whom died, were notified. There would probably also be a number of slight or missed cases in addition. The disease, of course, spreads rapidly, like measles, where children are crowded together and is most infectious before the appearance of the characteristic whoop suggests the diagnosis in the thoughts of the parents.

It is expected that the experimental immunisation at present being conducted in various districts throughout the Country will prove the new vaccines of preventive value.

## MEASLES.

There was also the bi-annual epidemic of measles, in which 22 cases were notified, but as in the Whooping Cough epidemic probably many more cases occurred which were not notified. One child died due to the common complication of broncho-pneumonia. Prophylactic serum is available from the County Laboratory for any child for whom passive immunity is desirable, if, for example, the child is in poor health or is suffering from other illness.

## SCARLET FEVER.

11 cases occurred throughout the District, during the year, and there were no deaths. Four cases occurred in a Hospital having been infected by a missed case, and two cases occurred in a family. The other cases were sporadic and apparently unrelated. This infectious disease can fortunately be easily controlled and treatment by Antitoxin and Chemo-therapy is very successful.

## PNEUMONIA.

There were 16 cases and 10 deaths. As will be seen from the following table, cases occurred in almost all age groups and evidently Chemo-therapy was ineffective. Much depends upon the state of health and powers of resistance of the patients who become infected.

## ERYSIPELAS.

5 cases were notified. Chemo-therapy acts like a charm in this disease which formerly could be very deadly.

There were no cases of other infectious diseases, such as, for example, Poliomyelitis (Infantile Paralysis), Enteric or Dysenteric diseases, Cerebro-spinal Fever, etc.

## NOTIFIABLE DISEASES DURING THE YEAR, 1947

(Civilian Population Only)

Disease.	Total Cases Notified.	Cases admitted to Isolation Hospital.	Total Deaths.
Enteric Fever .. ..	—	—	—
Scarlet Fever .. ..	10	10	—
Whooping Cough .. ..	146	14	2
Diphtheria ... ..	—	—	—
Erysipelas .. ..	5	1	—
Smallpox .. ..	—	—	—
Measles .. ..	223	6	1
Pneumonia .. ..	16	—	10
Puerperal Pyrexia .. ..	—	—	—
Cerebro-spinal Fever .. ..	—	—	—
Acute Poliomyelitis .. ..	—	—	—
Encephalitis Lethargica .. ..	—	—	—
Food Poisoning			
B. Bareilly .. ..	1	—	—
Salmonella Typhi Murium	1	—	—

## ANALYSIS UNDER AGE GROUPS.

Case.	Under 1 year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and ove	Unknown
over ..	—	1	—	—	1	2	2	—	3	1	—	—	—
g Cough	18	16	20	19	15	41	7	1	3	3	1	—	2
..	7	8	20	28	24	101	14	12	7	1	1	—	—
onia ..	1	1	—	3	—	2	2	—	1	1	2	2	1
..	—	—	—	—	—	—	—	—	1	—	4	—	—



**TUBERCULOSIS.**  
**New Cases and Mortality during 1947.**

Age Periods.	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 .. ..	—	—	—	—	—	—	—	—
1 .. ..	—	—	1	—	—	—	—	—
5 .. ..	—	—	—	—	—	—	—	—
15 .. ..	—	5	—	—	1	2	—	—
25 .. ..	4	3	—	1	2	—	—	—
35 .. ..	3	—	—	—	1	1	—	—
45 .. ..	—	2	—	—	2	—	—	—
55 .. ..	1	—	—	—	3	—	—	—
65 and upwards	—	—	—	—	1	—	—	—
TOTALS ..	8	10	1	1	10	3	—	—

**PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925 and PUBLIC HEALTH ACT, 1936 (SECTION 172)**

No action was necessary during the year, within the meaning of the above Acts.

It will be noted that there were 18 new cases of Lung Tuberculosis. This figure is slightly less than the annual average of 20. The reservoir of infection is everywhere present amongst the population, and there is always a small group of susceptible individuals. Many beds in Sanatoria and Hospitals are not in use due to lack of staff and many more beds than at present exist are required, particularly for patients who could be successfully treated.

There were only 2 cases of other forms of Tuberculosis in comparison with the former average of 8. The measures which are taken to safeguard milk supplies from infection by the Tubercle Bacillus have useful results, but will never be fully implemented until all milk supplies are subjected to pasteurisation, regarding which leading medical opinion is unequivocal.

The dwellings of the tuberculous are regularly inspected and unhygienic circumstances are remedied as far as is practicable.